

**REQUEST FOR DAT RESULTS****FOR OFFICIAL USE ONLY**

For use of this form, see USMEPCOM Reg 40-8

1. Requestor:

2. Request Date:

3. Phone/Fax Numbers:

**FAX**☐

Applicant is a shipper today

☐

Applicant is not a shipper today

SSN

SPECIMEN

DATE

SPF

RESULT

Person providing results:

Date:

Approved for release:

Date:

Remarks:

**FAX TRANSMITTAL**

To: Sector

From:

Section: Medical

Section: Medical

Telephone:

Telephone:

Fax Number:

Fax Number: